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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/418,943	10/15/1999	TIMOTHY CHARLES SOWELL	202231	9508
7590 04/02/2009				
MARK JOY LEYDIG VOIT & MAYER LTD TWO PRUDENTIAL PLAZA SUITE 4900 180 NORTH STETSON CHICAGO, IL 606016780				
EXAMINER				
NGUYEN, NGA B				
ART UNIT		PAPER NUMBER		
3692				
MAIL DATE		DELIVERY MODE		
04/02/2009		PAPER		

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



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Board of Patent Appeals and Interferences

MARK JOY
LEYDIG VOIT & MAYER LTD
TWO PRUDENTIAL PLAZA SUITE 4900
180 NORTH STETSON
CHICAGO, IL 606016780

Appeal No: 2009-0451
Appellant: TIMOTHY CHARLES SOWELL
Application No: 09/418,943
Hearing Room: A
Hearing Docket: B
Hearing Date: Thursday, May 14, 2009
Hearing Time: 09:00 AM
Location: Madison Building - East Wing
600 Dulany Street, 9th Floor
Alexandria, Virginia 22313-1450

**NOTICE OF HEARING
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: () HEARING ATTENDANCE CONFIRMED () HEARING ATTENDANCE WAIVED

Signature of Attorney/Agent/Appellant

Date

Registration No.

Names of other visitors expected to accompany counsel: _____

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